

2383

FILL OUT ALL BLANKS
AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. <u>121153</u>	
County <u>Graham</u>	District <u>Constant</u>		County Registered No. <u>1</u>	
Town <u>✓</u>	Or City <u>✓</u>		Local Registrar's No. <u>1</u>	
ORIGINAL CERTIFICATE OF DEATH			No. _____ St. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Leonida</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Boy</u>	Color or Race <u>Indian</u> White <u>Black</u> <u>Chinese</u> <u>Mexican</u>	SINGLE <u>MARRIED</u> <u>WIDOWED</u> or <u>DIVORCED</u>	DATE OF DEATH <u>1-25-1922</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>1-25-1912</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>1922</u> to <u>1922</u> , that I last saw him <u>alive</u> on <u>1922</u> and that death occurred on the date stated above at <u>3</u> M. The DISEASE or INJURY causing Death was as follows: <u>died in labor</u> <u>3 months before delivery</u> (Duration) <u>3</u> yrs <u>0</u> mos <u>0</u> days	
AGE <u>10 years</u> If less than 1 day <u>0</u> hrs., or <u>0</u> min.			Was disease contracted in Arizona? <u>✓</u>	
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____			If not, where? _____	
BIRTHPLACE (State or country) <u>Arizona</u>			CONTRIBUTORY _____ (Duration) <u>3</u> yrs <u>0</u> mos <u>0</u> days	
PARENTS	NAME OF FATHER <u>H.B. Leonida</u>		(Signed) <u>H.E. Platt</u>	
	BIRTHPLACE OF FATHER (State or Country) <u>Utah</u>		(Address) <u>Phoenix</u>	
	MAIDEN NAME OF MOTHER <u>Martha Webster</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (State or Country) <u>Utah</u>		LENGTH OF RESIDENCE	
The Above Is True to the Best of My Knowledge (Informant) _____ (Address) _____			At place of death <u>2-5-1922</u> yrs <u>0</u> mos <u>0</u> ds. In Arizona <u>2-5-1922</u> yrs <u>0</u> mos <u>0</u> ds.	
PLACE OF BURIAL OR REMOVAL _____		DATE OF BURIAL OR REMOVAL _____ 191 _____		Former or Usual Residence _____
UNDERTAKER _____		ADDRESS _____		Filed <u>2-5-1922</u> <u>Alma Bussey</u> Local Registrar
				Filed <u>2/7-1922</u> <u>J.M. Hatcher</u> County Registrar